

Eastern MRS Meeting Notes  
May 26, 2006  
Wilson County DSS

Counties Present: Bladen, Brunswick, Cumberland, Duplin, Gates, Halifax, Hoke, Onslow, Wayne, Wilson.

Introduction

Announcements

System of Care presentation –

Announcements

- MRS learning institute, August 21-23 in Craven county. Several workshops. Shorter the first and last day, and middle day there will be several all day workshops so you can really go in depth into a topic.
- Introduced Patrick Betancourt as Holly's new Supervisor. From Franklin county. Based in Raleigh so you can reach him there.

System of Care

Presentation

- Federal grant that has been granted to 3 counties in NC: Mecklenburg, Alamance and Bladen. State was intentional in looking at counties of different sizes.
- Power point presentation. Contact Holly or Rebecca Huffman if you would like a copy of this.
- Hard for different agencies to coordinate and be family centered.
- Talked about the barriers to implementing MRS.
- Hard for social workers to know all the resources in the county.
- System of Care is a framework of how to provide services.
- State DSS, Duke, and the 3 counties have been working together. Realized that SOC provides the background, and MRS provides the concrete strategies to work by.
- SOC principles and values look a lot like MRS. Want to be collaborative, not duplicating services, not working against each other, build on strengths, cultural competency, and tailor services to individual families needs.
- SOC supports and enhances MRS.
- People think they listen to families and know how to work with them but they sometimes don't really because agencies come from a position of power.
- SOC is not a new initiative, new model, or new work. It is the background for how we do work. Strengthens what we are doing.

- Benefits to DSS is that the social workers are not there alone. Sharing the power also means sharing responsibility. More effort up front, less work and more payoff on the end.
- One of the goals is to build an infrastructure of collaboration. The others are to improve outcomes (federal review) and evaluate its effectiveness.
- History
  - Typically the term System of Care has been used in a Mental Health perspective.
  - There is about a 15 year history of System of Care in the US. Started in NC in 1994.
  - DSS funded in 2003.
- Overall goals
  - Improved outcomes of safety, permanency, and well-being (federal measures)
  - Institutionalize a System of Care Infrastructure,
  - Evaluate the effectiveness (Duke assisting with this.)
- Legislation from the state to support SOC.
- Several mandated community collaborative committies.
- Trying to shift the culture of DSS. As well as community partners coming to DSS offices, the DSS workers go into the community to meet with them.
- Regional meetings coming up this fall – similar to a mini-MRS learning institute. Be on the lookout for those.

#### Specifics to Bladen County

- Their county is resource poor, geographically large, but rural and smaller population.
- The collaboratives were starting to fragment with the divestiture of Mental Health, so it was a good time for a change.
- People are realizing that this is the way they must do business in order to do their jobs, they have grown from a group of 5 people to about 20, representing 15 or 16 different agencies. Include everything from DSS, school system, Juvenile Justice, Health Dept, Mental Health, and also private providers such as Family Resource Centers, United Way, Bladen Crisis Ministries, Domestic Violence, 4H Life Skills, Smart Start. One of their judges will start coming soon.
- They don't talk about specific cases anymore, they talk about systematic gaps in services and learning about each other and what services they have to offer. People not only stay for the whole meeting, but they stay after and network with each other. They have never told people that they have to come, but people are getting a lot of useful information and contacts from the meeting and word is spreading, and other people are calling and asking how they can come.
- It is an evolving process.
- The mid level supervisors are the ones that will make or break this process. Change is hard, and everyone is not always ready to make

changes, but having a couple of mid level movers and shakers got things started and they continue to move forward.

- They are trying to develop a 'notebook' type resource where information on all the resources that they have discovered can be compiled. They are going to model on a project that another county has already done.
- Also planning on doing some presentations to the community at large.
- It is a lot of work to chair the collaborative.
- The meetings are on neutral ground, at no particular agency.
- Although some of the participants at this meeting are the people that come to CCPTs this is different from that. Needed to create a unique identity in order for it to work. (Not saying that in another county it is not possible to combine the groups somehow and have the Collaborative have a subgroup that could address CCPT meetings, but each county has to do what will work for them.)

#### Discussion

- Holly pointed out that SOC is a tool to strengthen what we are already doing with MRS. This is how you get the resources to serve your families. Talk to the people that are in your community. These resources are here and there are people already working with these families, DSS just has to reach them. You don't have to have a grant or be one of the federally awarded grants. Some other counties are doing it without being a part of the grant.
- Don't just think of your traditional "community partners" i.e. mental health, Family Resource Centers. Talking about churches, etc. This will take time up front, but in the long run it will save time.
- Can start this in your community with no start up funds. Durham county had no money, but has done this with tremendous results, including saving money on detention placements. Also, Scotland county had moved to create an independent SOC coordinator. They had no new funding, but several agencies kicked in a small amount which totaled enough for the position.
- Are counties having issues with funding? Trying to integrate is one thing, but some of the funding is so specific in its requirements.
  - Rebecca said that this is one of things that they have talked about at the state collaborative. Counties seem to be better at it right now than the state is.
  - Easier for Bladen right now, because they are using \$ from the federal grant, and that is what it intended for (and the federal grant money is sort of "out of the box" funding), but when the money funds out they will have to think of a way to be able to sustain their progress.
  - There is no model for it right now, but hopefully as more counties do it, more will come up with innovative ideas.
  - This will be one of the workshops at the MRS Institute in August.

## Other Discussion

In Wayne county they are trying to blend caseloads and the workers are struggling with this when they get to the case management piece of balancing the timelines with both assessments and management.

- Angela from Bladen said try to get them not to think of it as switching hats. They are working with one family throughout and they should not think of the two aspects of the case as totally separate. If they are frontloading services they are already providing services, its just a continuum of services to the family when they get to 215. The distinction between assessment and management should be more on the paperwork end, not as much of a distinction on the service end.
- Cumberland said it is more work for the supervisor because he/she has to be able to manipulate the caseload among workers taking into account specifics of the situation at the current time. Agrees with Angela that you are not changing hats. You should be providing case 'management' (in other words, services) from the beginning while you are also doing a family assessment.
- Some counties have the opposite problem and keep coding it 210 because they are front loading services. Have to remember at some point even though there are services in place, to staff it, make a case decision, and start coding it to 215. This requires more attention to supervision.
- Requires huge flexibility, someone may be out of rotation for awhile depending on the circumstances of the cases that they have.
- The Unit has to work well together and be able to cover for each other and not be resentful, because what goes around comes around. You get someone else's case because they are overloaded and out of rotation, but when you are overloaded an a couple of months, someone else will take your place in rotation.

## Collaborating through Drug Court

- Cumberland has found that drug court is a great way to collaborate under a "judge's order umbrella". Because there is the judge's order people can share stuff, and you see the judge a lot more times than you would be able to otherwise.
- (Note that this would be a good opportunity for starting a System of Care collaborative.)
- Bladen uses CFTs in Drug Court. Angela was asked to facilitate one so she became involved that way.

## Upcoming meetings

- Will be talking about documentation in June. We need to talk about this. Duke is struggling to get the information from the records. Although internal DSS staff can read the records, Duke and CFSF are having trouble understanding the records.

- If anyone has tools for documentation, please email Holly so that she can share them.
- We will look at how to keep current on dictation.
- Will also be looking at where policy needs to be clarified. Think about areas that you are unclear on. (Foster Care is one area where folks have already requested a review.)
- Working on defining for a CFT for Duke.
- What is best practice for collaboration with Work First, and what counts as not best practice, but still collaboration.